615		PART B	- FEE(S) T	RANSMITTAL			
Complete and send this form, together with applicable fee(s)				Commissioner for Patents			
	넨	; ;	or <u>Fa</u>				
INSTRUCTIONS: This (appropriate. All further of indicated, unless corrected maintenance February factors	rm should be used for trans rrespondence including the P below or directed otherwise	mitting the ISSUE atent, advance ord in Block 1, by (a)	FEE and PU ers and notific specifying a r	JBLICATION FEE (if requestion of maintenance fees volume correspondence address	ired). Blocks 1 through 5 sl vill be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for a 03/24/2005	ny change of address)	· · · · · · · · · · · · · · · · · · ·	Note: A certificate of Fee(s) Transmittal. The papers. Each additionable is own certificate.	mailing can only be used for is certificate cannot be used fall paper, such as an assignment of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must	
GOTTLIEB RA 270 MADISON A 8TH FLOOR	CKMAN & REISMA VENUE	N PC		Cer	rtificate of Mailing or Trans nis Fee(s) Transmittal is bein with sufficient postage for fir I Stop ISSUE FEE address TO (703) 746-4000, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
NEW YORK, NY 100160601 /27/2005 FFANAIA3 00000044 10050163				Susan Piperno (Depositor's name)			
FC:1501 1400.00 <u>OP</u>				Susan Piperno		(Signature)	
FC:1504	300.00 OP 9.00 OP			June 22, 2	005	(Date)	
APPLICATION NO.	FILING DATE	F	IRST NAMED I	NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
TITLE OF INVENTION: I	METHOD AND APPARATUS	S USEFUL IN THE	E DIAGNOSIS	S OF OBSTRUCTIVE SLEE	P APNEA OF A PATIENT		
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nonprovisional NO		\$300		\$1700	06/24/2005	
EXAMINER ART U			NIT CLASS-SUBCLASS				
ROBINSON,	DANIEL LEON	3742		600-529000	•		
"Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AN	ndence address (or Change of O 122) attached. ation (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO BI as an assignee is identified be in 37 CFR 3.11. Completion of	tion form of a Customer E PRINTED ON TI	(2) the name registered at 2 registered listed, no na		a member a 2enes of up to no name is 3	eb Rackman & Reism	
(A) NAME OF ASSIGN				: (CITY and STATE OR CO			
ResMed Lim	ited				Wales 2113, A		
	te assignee category or categor				orporation or other private gr	oup entity Government	
4a. The following fee(s) ar	e enclosed:		Payment of Fo	ee(s): the amount of the fee(s) is e	nclosed		
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - #	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1730 (enclose an extra copy of this form).						
a. Applicant claims	s (from status indicated above SMALL ENTITY status. See 3	37 CFR 1.27.			LL ENTITY status. See 37 C		
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the re	o is requested to apply the Issu Publication Fee (if required) we cords of the United States Pate	e Fee and Publicati vill not be accepted ent and Trademark (	on Fee (if any from anyone of Office.	) or to re-apply any previous other than the applicant; a reg	ly paid issue fee to the applic sistered attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature Mich Mulli			Date June 22, 2005				
	Typed or printed name Michael I. Rackman			Registration No. 20,639			
This collection of informat an application. Confidentia submitting the completed this form and/or suggestio Box 1450, Alexandria, Vir	ion is required by 37 CFR 1.3 ality is governed by 35 U.S.C. application form to the USPTO as for reducing this burden, sh ginia 22313-1450. DO NOT	11. The information 122 and 37 CFR I O. Time will vary ould be sent to the SEND FEES OR C	n is required to .14. This colled depending upon Chief Information OMPLETED	obtain or retain a benefit by oction is estimated to take 12 on the individual case. Any c tition Officer, U.S. Patent and FORMS TO THIS ADDRES	the public which is to file (an minutes to complete, includi omments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PC



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT

Colin Edward SULLIVAN et al.

SERIAL NO.

10/050,163

FILING DATE

January 18, 2002

GROUP ART UNIT:

3742

EXAMINER

ROBINSON, Daniel Leon

TITLE

METHOD AND APPARATUS USEFUL IN THE DIAGNOSIS

OF OBSTRUCTIBE SLEEP APNEA

**CONFIRMATION NO.:** 

9121

## **ISSUE FEE**

Mail Stop Issue Fee Commissioner for Patents United States Patent and Trademark Office P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance mailed March 24, 2005, for the above-identified patent application, please find enclosed a Gottlieb Rackman & Reisman check in the amount of \$1709.00. The amount includes the Issue Fee of \$1400, the Publication Fee of \$300, and three (3) advance copies of the patent. Also enclosed is Part B - Fee(s) Transmittal form and a Return Receipt Postcard.

The Commissioner is authorized to use Deposit Account No. 07-1730, Docket 3869/044 DIV, if necessary for any additional expenses that may be required or to credit any overpayment.

Respectfully submitted,
GOTTLIEB, RACKMAN & REISMAN, P.C.
Attorneys for Applicant
270 Madison Avenue
New York, New York 10016

Phone: (212) 684-3900 Fax: (212) 684-3999

Date June 22, 2005

Michael I. Rackman (Reg. No. 20,639)